2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003183

Entity Name: SOUTHERN CRUISERS OF FLORIDA, INC.

Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5830 DEASE ROAD ST. CLOUD, FL 34771

Current Mailing Address: New Mailing Address:

5830 DEASE ROAD ST. CLOUD, FL 34771

FEI Number: 52-2421440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRANGER, BILL 5830 DEASE ROAD

ST. CLOUD, FL 34771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete PRANGER, BILL Name: Name: Address: 5830 DEASE ROAD Address: City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: KNOX, IKE Name: GREER, DON Address: 1172 NEW HAVEN DR Address: 11204 GLOVER RD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: PT. RICHEY, FL 34668

Title: () Delete Title: SD (X) Change () Addition

GREER, DON Name: GRIMES, JIM Name: 3738 GREENBRIAR AVE Address: 11204 GLOVER RD Address:

City-St-Zip: PT RICHEY, FL 34668 City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete Title: TD (X) Change () Addition RADCLIFF, HARVEY Name: BOONE, BARBARA Name: 7635 SHINDLER DR

Address: Address: 714 N 59TH AVE City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL PRANGER PD 04/30/2007